UNIFORM HAZARDOUS

WASTE MANIFEST

5. Transporter 1 Company Name

7. Transporter 2 Company Name

Casmalia, CA 93429

CASMALIA

3. Generator's Name and Mailing Address

Generator's Phone (213-5)33-6677

J. C. Liquid Waste Disposal

9. Designated Facility Name and Site Address

P.O. Box & NTU Road

US EPA ID Number

US EPA ID Number

US EPA ID Number

A D O 5.8.0.183

Document No

1. Generator's US EPA ID No.

Douglas Aircraft Co.

190th & Normandie

6.

Torrance, CA 90502

Department of Health Services Toxic Substances Control Division Sacramento, California

Information in the shaded areas

is not required by Federal law.

A.State Manifest Document Number

E.State Transporter's 10 -268-3137

24212

B.State Generator's ID

C.State Transporter's ID

D.Transporter's Phone

F.Transporter's Phone G.State Facility's ID

H.Facility's Phone

2. Page 1

of

ICADO2-0-7-48125 12.Containers 13. Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Waste No. Type Quantity Wt/Vo a. E 512 Waste Hazardous Solid NOS ORM-E NE b. T 0 B C. d. K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above Empty containers-crushed, formerly containing Hazardous waste 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do notggo near open flame or inhale fumes 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Signature Printed/Typed_Name Donald C. Gerber 11/11/11/11/11 NOVER Date 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Signature Printed/Typed Name Date 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Year Signature Printed/Typed Name 46-111141 19. Discrepancy Indication Space

Printed/Typed Name

A

Signature

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in

Date Month Day Year C6-780-86-JC1-0214

Department of Health Services Toxic Substances Control Division Sacramento, California

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J. C. Liquid Waste Disposal 7. Transporter 2 Company Name	C A D O 5 8 O 1 8 8. US EPA ID Num 	3 6 7. ber	E.Stat	nsporter's Pl e Transporte nsporter's Ph	rs463-	-7 -268-3137	7
D. Designated Facility Name and Site Add CASMALIA P.O. Box 8 NTU F Casmalia, CA 93429				e Facility's I	D		
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